Aloha Micro Academy
Field Trip Permission & Photo Release Form
"Where Learning Feels Like Ohana"

Student Information
Student Name: _____
Grade: _____ Teacher: _____

Trip Information
Destination: _____
Date of Trip: _____
Departure Time: _____ Return Time: _____
Transportation: School Van Charter Bus Parent Driver Other: _____
Purpose of Trip: _____
Chaperones: _____

Parent/Guardian Information
Parent/Guardian Name: _____
Phone: _____ Email: _____

Medical Information
Emergency Contact: _____
Phone: _____
Allergies/Conditions: _____
Medication During Trip: Yes No If yes, explain: _____

Permission and Liability Waiver
I grant permission for my child to participate in the Aloha Micro Academy Field Trip described above. I understand all reasonable precautions will be taken for safety. I will not hold Aloha Micro Academy, its staff, or volunteers responsible for injury or loss, except in cases of proven negligence. I authorize emergency medical treatment if necessary.

Photo and Media Release
I authorize Aloha Micro Academy to photograph or record my child during the field trip for educational, promotional, or social media purposes.

Student Acknowledgment (Grades 3–12)
I understand that representing Aloha Micro Academy means demonstrating Aloha Values — kindness, respect, responsibility, and teamwork. I agree to follow all school rules and directions during this trip.

Student Signature: _____ Date: _____

Parent/Guardian Consent
Parent/Guardian Signature: _____ Date: _____

Aloha Micro Academy Representative: _____ Date Received: _____

Contact:
■ support@alohamicroacademy.com
■ www.alohamicroacademy.com
■ Aloha Micro Academy | “Where Learning Feels Like Ohana”
■ School Van ■ Charter Bus ■ Parent Driver ■ Other: _____

■ Yes ■ No If yes, explain: _____

■ Yes, I grant permission. ■ No, I do not grant permission.

■ I give permission for my child to participate. ■ I do not give permission.